



Gender Pay Gap Report

March 2025

Best NHS Acute Trust in the Midlands
(2018 - 2023 NHS Staff Survey)

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Introduction

to Sherwood Forest Hospitals, Gender Pay Gap Report 2024/2025

The Trust is committed to providing outstanding care and to support this, the Trust ensures we have a diverse, talented and high performing workforce where gender equity is considered at all stages of employment.

Gender Pay Gap legislation was introduced in 2017 and requires employers with 250 or more employees to publish statutory calculations by 30th March each year.

Gender Pay Gap information aims to establish the pay gap between male and female employees as at 31st March the previous year. For example, 31st March 2024 pay information must be published by 30th March 2025 on the employer's website.

The Equality and Human Rights Commission defines the difference between equal pay and the gender pay gap as follows:

1. Equal pay means that men and women in the same employment performing equal work must receive equal pay, as set out in the Equality Act 2010.
2. The gender pay gap is a measure of the difference between men's and women's average earnings across an organisation or the labour market. It is expressed as a percentage of men's earnings.

The calculations we are required to report are:

- Mean gender pay gap – the difference between the mean (average) hourly rate of male employees and that of female full-pay relevant employees
- Median gender pay gap - the difference between the median (mid-point) hourly rate of male employees and that of female full-pay relevant employees
- Mean bonus gap – The difference between the mean bonus pay for eligible male employees and that paid to eligible female employees
- Median bonus gap - The difference between the median bonus pay for eligible male employees and that paid to eligible female employees
- Bonus proportions – The proportion of eligible male and female employees who were paid bonus
- Pay quartiles – The proportion of male and female employees in the lower, lower middle, upper middle and upper quartile pay bands

Our People

Every role (excluding medical roles) at the Trust is evaluated through the national NHS job evaluation scheme (Agenda for Change). Panels of trained colleagues within the Trust conduct job evaluations through the review of a job description and person specification; the post holder is not evaluated and there is no reference to gender or any other personal characteristics of existing or potential job holders.

Once evaluated, a role is placed within a Band according to the national profiles and the salary is determined by the banding. Each band varies depending upon levels of responsibility and/or specialism. Bandings enable clinical and non-clinical staff to progress through the grades of pay within nationally set pay scales as they develop their careers and their years of service in the NHS.

The national terms and conditions for medical roles are determined by the grade of role (from Foundation Doctor to Consultant; a doctors' title will depend on how far into their career they are). Pay scales are set nationally by the Doctors and Dentists Review Body and progression through the Medical and Dental Roles from a training post to becoming a Consultant will depend on completion of exams and assessment of competence.

**Analysis of our workforce data shows that
79% of our colleagues are women and 21%
are men**

Gender Identity

Gender identity is often assumed from the sex assigned at birth. As a Trust, we acknowledge gender is more complex than 'men' and 'women' and there are people that don't fit into these binary categories, for example, people who identify as non-binary or intersex. We also recognise that a person's sex or gender identity doesn't always align to the sex and/or gender they were assigned at birth.

In producing this report, we must follow the current statutory requirements for gender to be reported in a binary way, i.e. men and women and we use the words men and women in the knowledge this may not be a satisfactory description for some of the colleagues categorised in this way.



Our Gender Pay Gap 2021-2024

This chart shows the change to our mean and median data from 2021 to 2024. The mean (average) and median (mid-point) hourly rate of pay is calculated from a specific pay period, in this case it is 31st March 2024.

The hourly rate is calculated for each employee based on 'ordinary pay' which includes basic pay, allowances and shift premium pay.

The median rate is calculated by selecting the average hourly rate at the mid-point for each gender group.

As the chart shows, in 2024, our mean pay gap increased very slightly compared to 2023 but we have seen a reduction in our median rate of 1% and the median gap is now at it's lowest rate since 2021.

Why do we have a pay gap?

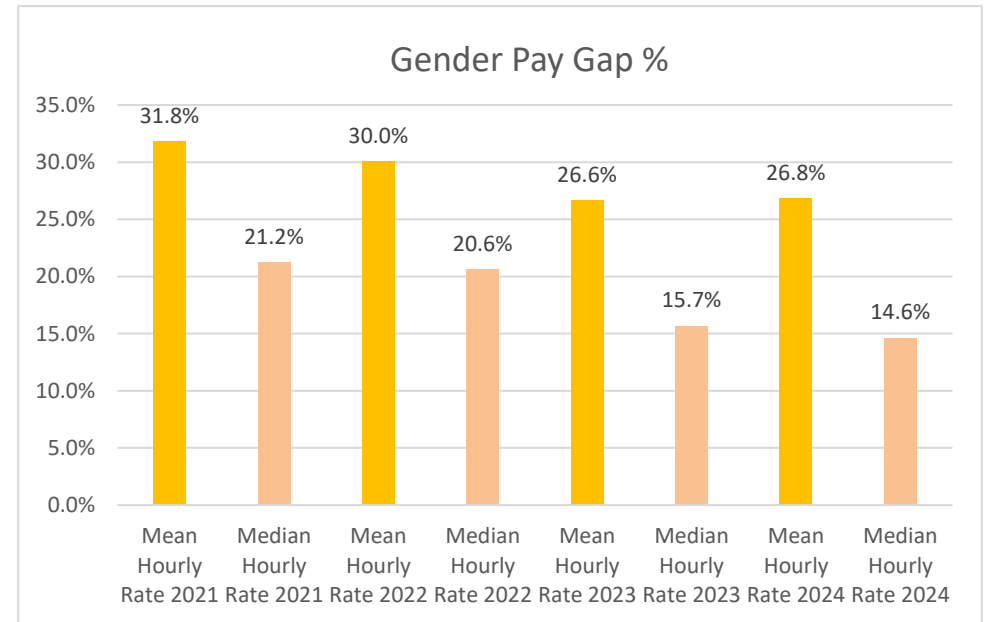
The reason for the gender pay gap at Sherwood is an imbalance in the numbers of men and women across the whole workforce with proportionately more men in higher paid roles.

Our consultant workforce is predominately male and, as the highest paid staff group, will have an impact on the pay gap.

Consideration also has to be given to the types of roles that are traditionally held by women, for example, administration and clerical. Whilst these traditional roles are slowly changing the impact of this on the gender pay gap will take time.

A higher proportion of women are also more likely to work part-time. According to the Office for National Statistics, approximately 11% of men work part time compared to approximately 37% of women.

More women working part time will impact on the pay gap.



MEDIAN

-1%

MEAN
+0.2%

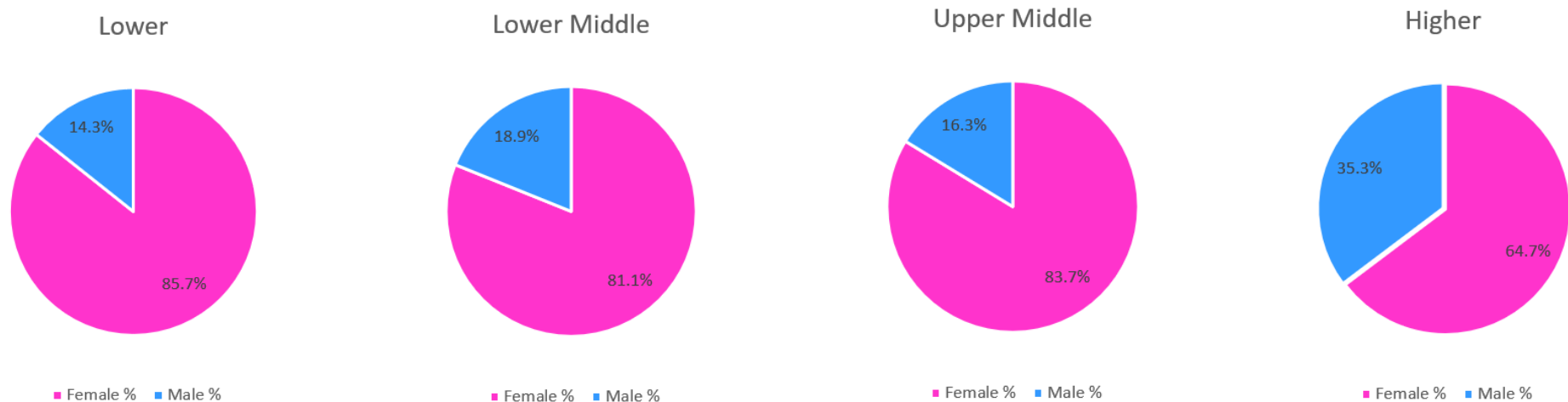


% difference from 2023

Pay Quartiles

Whilst our overall headcount has remained stable, in 2024 we saw a small increase in the number of female staff numbers in the lower and higher quartiles and as a result, small declines in the male representation within these quartiles. However, overall, the number of men in the workforce increased by 2.4% which has likely contributed to the small increase seen in the mean pay gap but has not affected the median pay gap which reduced in 2024 as seen in figure 2 on page 5).

The breakdown of our workforce in each quartile is shown below.



When viewing the quartiles above, we can clearly see the change in female to male ratio in the higher quartile contributing the gender pay gap. As in previous years, the highest variance in males and females is in the lower quartile where female staff are the predominant majority. This is driving the mean and median pay differences. Included in the lower quartiles for instance are administrative & ancillary staff groups (such as Health Care Support Workers) that traditionally have attracted a higher proportion of female staff.

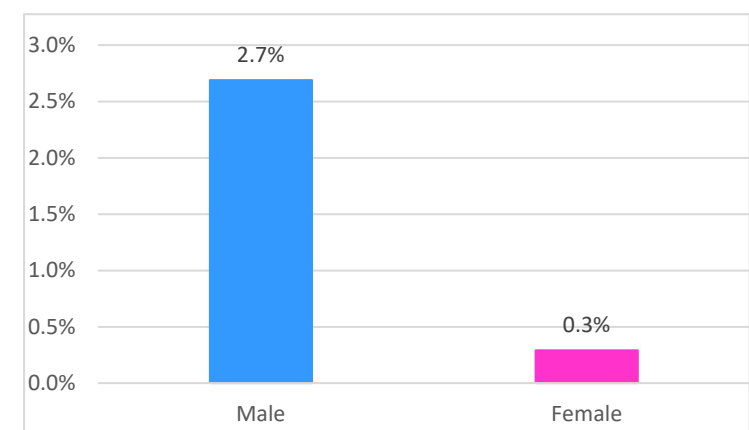
The upper quartile has a lower proportion of female staff than the other quartiles because of the greater number of men in higher paid medical and senior leadership roles in the Trust.

Bonus Pay Gap

Within Sherwood Forest Hospitals the local Clinical Excellence Awards scheme for Medical and Dental colleagues was considered a ‘bonus’ scheme. This scheme is no longer running so there will be no new Clinical Excellence Awards for our consultants into 2025. Those who have previously applied and were successful will continue to receive the award.

Whilst we no longer have a local awards scheme, the NHS now has a national scheme, the National Clinical Impact Award scheme, that consultants can apply for on an annual basis.

Whilst there is no local scheme running anymore, for the purposes of Gender Pay Gap Reporting, legacy awards and any awards made under the national scheme will continue to be reported.



As at 31st March 2024, no additional males were in receipt of an award compared to 2023 but three additional females were in receipt of an award compared to the previous year.

It is important to note that the Trust has no influence regarding the national award scheme either in the application process or application outcomes.

Closing The Gap

We strive to achieve gender balance across all roles within our organisation and especially within senior roles. Achieving this will make a significant contribution to reduction in the gender pay gap. Annually, the Trust identifies actions for improvement for the following 12-18 months from our gender pay gap data reporting. The following is an update against our actions to close the gap from 2023/24:

What we said we would do	What we did												
<p>Complete the self-assessment checklist in the NHS Employers Gender Pay Gap Guide.</p> <p>Ensure opportunities for career progression into senior roles is promoted for women in the Trust through our new Talent Management Plan and promotion of Career Coaching and our new Leadership Development Programme to support the development of our female managers to become leaders.</p>	<p>We completed the review to ensure that due consideration was given to areas that may affect the gender pay gap. We have identified that we could do more to support women through our family friendly policies and have included this as an action for this year's action plan.</p> <p>Our Chief Operating Officer joined our International Women's Day awareness raising day in 2024 by joining a Lunch and Learn session for colleagues where she spoke openly about her journey to Executive Leadership in the NHS. Many colleagues reported being inspired by her story and appreciated the insight her story gave.</p> <p>We have promoted our Leadership Development Programme through various Staff Network forums and the following table shows attendance of women on these programmes:</p> <table><tr><th>Programme</th><th>% of women delegates</th></tr><tr><td>Leadership Fundamentals (data from Jan '24 to Jan '25)</td><td>74.6*</td></tr><tr><td>Emerging and New Leaders Cohort 1</td><td>86.7</td></tr><tr><td>Emerging and New Leaders Cohort 2</td><td>86.4</td></tr><tr><td>Established Leaders Cohort 1</td><td>70</td></tr><tr><td>Established Leaders Cohort 2</td><td>100</td></tr></table> <p>*These delegates are automatically enrolled upon appointment demonstrating that we are recruiting women into leadership roles.</p> <p>Talent Management and Coaching are ongoing workstreams that we anticipate will support our on-going efforts in reducing the pay gap.</p>	Programme	% of women delegates	Leadership Fundamentals (data from Jan '24 to Jan '25)	74.6*	Emerging and New Leaders Cohort 1	86.7	Emerging and New Leaders Cohort 2	86.4	Established Leaders Cohort 1	70	Established Leaders Cohort 2	100
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Closing the Gap

What we said we would do

Increase the number of female consultants receiving a Clinical Excellence Award by ensuring all eligible females are encouraged and supported to apply for an award.

Continue to promote our Women in Sherwood staff network and facilitate safe spaces for women to share their challenges in career progression and work together with our other networks to support equity of opportunity.



What we did

The increase we have seen in the number of women in receipt of an award this year is due to new starters joining the organisation with a national award already in place.

Since our last Gender Pay Gap Report, we have restructured our staff networks to ensure that each one, including Women in Sherwood, has a safe space session at least bi-monthly. The safe space is designed to ensure that colleagues have a confidential environment in which to share their worries or concerns about any aspect of working at Sherwood. Following the appointment of a new Chair and Co-Chair to the network, we are hopeful that the network will go from strength to strength.

In addition to our annual action plan, we continue to support our Women in Sherwood in a variety of ways including awareness raising events like International Women's Day and our Health and Wellbeing programme which includes Menopause support.

In the last year, we appointed a People Promise Manager. The People Promise Manager role is to ensure that the promises made by the NHS to its people as part of the NHS People Plan is realised at organisational level.

To date, our People Promise Manager has supported a review and relaunch of our flexible and agile working policies and guidance. As part of this work, a flexible working group was established to develop a mechanism for recording flexible working requests, improve monitoring of requests and to provide data in relation to flexible working. The group also seeks to find ways to support colleagues in accessing and managing flexible working request resources and working with our rostering teams to support management of approved requests. Ultimately, the groups aim is to improve staff survey responses in relation to flexible working.

In addition, the People Promise Manager has introduced 'Thinking of Moving' conversations which enable us to identify early where colleagues are dissatisfied with the experience of working at Sherwood and take actions where possible to retain them and improve their experience.



Gender Pay Gap Actions 2025/26

- Ensure all colleagues who inform us of pregnancy are signposted to our Shared Parental Leave Policy to ensure awareness of this option for all expectant parents.
- Support women on and returning from Maternity Leave to ensure a positive return to work experience including keeping in touch and flexible working options that may support.
- Ensure all family friendly processes across the Trust are well communicated to support recruitment and retention of women.
- Ensure consideration to gender equity is given at all recruitment panels for all roles & ensure gender balance and recruit Inclusive Recruitment Champions from the Women in Sherwood staff network to support.
- Review all Recruitment Training to ensure bias is appropriately covered in the training for all roles and panel members across the Trust.
- Talent and Leadership development:
 - Continue ongoing support for colleagues post Leadership training through Leadership Development Plan which are supported through Appraisal and Personal Development Plan to ensure aspiring leaders are prepared for future opportunities that may arise.
 - Pilot of Talent Management conversations and talent mapping tool to be rolled out Trust-wide in 2025/26.
 - Explore a mechanism for capturing and storing talent management data to enable tracking of movement in the Trust.
 - Embed talent conversations based on skills and potential with existing Trust managers and leaders.

These actions are aligned to our Trust People Strategy. The measure of success of these actions will be a reduction in our gender pay gap.



Staff Survey



Our gender pay gap data shows that we have work to do in closing the gap but we wanted to examine if the pay gap data and the negative assumptions that may be made are reflected in the satisfaction of our women in Sherwood from our Staff Survey (2024) results*.

*Respondents who disclosed their gender (2,975 women and 718 men).

QUESTION	RESPONSE FROM WOMEN	RESPONSE FROM MEN	RESPONSE BY GENDER 2024	RESPONSE BY GENDER 2023
The organisation acts fairly on career progression	64.9%	65.1%	♀	♀
Able to achieve a good balance between home and work life	60.7%	58.2%	♀	♀
The organisation takes positive action on health and wellbeing	64.8%	63.5%	♀	↔
Supported to develop to their full potential	63.2%	65.3%	♂	↔
Not experienced discrimination from their line manager or team colleagues	92.4%	91.5%	♀	♀
Satisfied with opportunities to work flexibly	57.1%	60.8%	♂	♂

Our results from 2024 show that women have scored higher in their responses to 4 of the 6 questions compared to 3 in 2023 (the green arrows for 2023 indicate the same response from men and women).

We do acknowledge the change from 2023 with more men than women noting the organisation supports the development of their potential and we seek to address this through the Leadership and Development actions noted in the action plan.

We also acknowledge that women have again noted that they're less satisfied with flexible working opportunities. Our action plan seeks to address this and this work will be supported by our Flexible Working working group.

Conclusion

Our mean (average) data has remained stable since 2023 and the median (mid-point) data has reduced when compared to 2023.

We are seeing some positive movement and would hope that the targeted actions noted in the report will support further reduction overall in our gender pay gap. It is important when viewing the data that consideration is given to the reasons for the gap; the evidence provided within this report shows that one of the main contributory factors in our gap is the overrepresentation of men in senior roles in a workforce that is overrepresented by women.

Within this report, we have noted considerations that need to be given to roles traditionally held by women and the fact that more women will work part-time than men.

Another consideration that should be given when reviewing our data is the unseen impact of length of service. NHS pay is incremental, and colleagues can attain higher levels of pay depending upon their length of service so those who have worked for longer will achieve higher rates of pay than those starting their career in the NHS.

In acknowledging medical roles have an impact on our pay gap, it is important to note that the doctors in training are allocated to the Trust by NHS England as recruitment to the training programmes is undertaken nationally. Over recent years, the number of women allocated to the Trust has increased as nationally there are more women coming into training than men; that being said, we have no control over who is allocated to work at Sherwood. There has also been an increase in doctors in training working less than full time and this trend is expected to continue as work life balance is becoming increasingly important to individuals. In due course, this trend will also have an impact on the consultant workforce.

We are confident that the pay gap is not as a direct result of inequitable treatment of women and are pleased to be able to demonstrate through our Staff Survey results that women are reporting a positive experience working for Sherwood Forest Hospitals.

We acknowledge that we have work to do to close the gap as outlined within this report but it should be recognised that a 0% gender pay gap is not achievable because of the many factors outlined herein.

Report Author: Ali Pearson, People Equality, Diversity and Inclusion Lead, March 2025.

Contact us



Sherwood Forest Hospitals
NHS Foundation Trust

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know.

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